

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101607681 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND	1						TOTAL IND							
TOTAL DEP	5						TOTAL DEP							
TOTAL CLAIMS	6						TOTAL CLAIMS							

BEST AVAILABLE COPY